



CALIFORNIA
TELECONNECT
FUND

Welcome to California Teleconnect Fund (CTF) Application Tutorial

Introduction

The California Teleconnect Fund (CTF) is a state program that provides a 25% discount on Voice Services, and 50% discount on non-Voice Services, such as broadband internet to qualified non-profits. Administered by the California Public Utilities Commission (CPUC), the purpose of this program is to bridge the digital divide by facilitating financial access to more advanced telecommunications services.

The types of services that this discount can be applied to are:

- Voice Services
- T-1 and T-3 lines
- Cable internet
- Digital subscriber line (DSL)
- Wireless internet (data plans, wireless internet cards), if cost effective.
- Dial-up
- Other telecommunications technology

Many types of organizations are eligible for CTF:

- Non-profit organizations that offer one of the following services to the surrounding community:
 - Educational services
 - Job placement and/or training
 - 2-1-1 referral and informational services
 - Computer and internet training
 - Health care
- Government-owned and operated hospitals and health clinics
- K-12 public and non-profit private schools
- Community colleges
- Libraries

This tutorial is designed to guide you through the application process for the California Teleconnect Fund.

Please note this tutorial is only designed for Non-Profit Community Based Organizations and Government-owned and operated hospitals and health clinics.

Please [CLICK HERE](#) to download application if you have not done so already.

Section 1 - Required Information

Name of Institution or Organization

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Physical Address

City

Zip Code

County

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Mailing Address (if different from physical address)

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Select one of the following eligible entities and continue to designated section:

☐ K - 12 Public School/District **(Go to Section 2)**

☐ K - 12 Non-Profit Private School **(Go to Section 3)**

☐ Community College **(Go to Section 4)**

☐ Library **(Go to Section 5)**

☐ Community-Based Organization or Non-Government Owned and Operated Hospital or Health Clinic **(Go to Section 6)**

☐ Government Owned and Operated Hospital or Health Clinic **(Go to Section 7)**

Write in the name of your organization. If possible, ensure it is consistent with the name on your IRS documents.

Section 1 - Required Information

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Physical Address

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Mailing Address (if different from physical address)

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- ☐ K - 12 Non-Profit Private School **(Go to Section 3)**
- ☐ Community College **(Go to Section 4)**
- ☐ Library **(Go to Section 5)**
- ☐ Community-Based Organization or Non-Government Owned and Operated Hospital or Health Clinic **(Go to Section 6)**
- ☐ Government Owned and Operated Hospital or Health Clinic **(Go to Section 7)**

Write in the physical address of your organization. If your organization has more than one location, you must also complete a separate application for each site.

Section 1 - Required Information

Name of Institution or Organization

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Physical Address

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Mailing Address (if different from physical address)

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Select one of the following eligible entities and continue to designated section:

- ☐ K - 12 Public School/District (**Go to Section 2**)
- ☐ K - 12 Non-Profit Private School (**Go to Section 3**)
- ☐ Community College (**Go to Section 4**)
- ☐ Library (**Go to Section 5**)
- ☐ Community-Based Organization or Non-Government Owned and Operated Hospital or Health Clinic (**Go to Section 6**)
- ☐ Government Owned and Operated Hospital or Health Clinic (**Go to Section 7**)

Enter your organization's mailing address if applicable.

Section 1 - Required Information

Name of Institution or Organization

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Physical Address

City

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Mailing Address (if different from physical address)

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Select one of the following eligible entities and continue to designated section:

☐ K - 12 Public School/District (Go to Section 2)

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☐ Community College (Go to Section 4)

☐ Library (Go to Section 5)

☐ Community-Based Organization or Non-Government Owned and Operated Hospital or Health Clinic (Go to Section 6)

☐ Government Owned and Operated Hospital or Health Clinic (Go to Section 7)

Select Community-Based Organization or Non-Government Owned and Operated Hospital or Health Clinic.

Section 6 – Non Profit Community-Based Organizations

Select the following eligible service that your organization provides, and complete additional steps:

<input type="checkbox"/> 2-1-1 Referral and Information Service*	<input type="checkbox"/> CBO offering programs eligible for federal subsidies:
<input type="checkbox"/> Educational Instruction	<input type="checkbox"/> Head Start
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Job Training	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Job Placement	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Community technology program offering access to and training in the Internet and other technologies	If you selected one above, are you receiving the federal E-rate discount? <input type="checkbox"/> Yes <input type="checkbox"/> No

Federal Employment Identification Number (EIN):

-

Located on tax exempt letter and IRS Form 990

Must attach a copy of the following:

- ☐ Mission statement
- ☐ Brochure of the organization
- ☐ 501(c)(3) or 501(d) IRS tax-exempt status letter that is addressed to the organization
- ☐ Latest IRS Form 990 that is prepared for the organization (Attach Page 1 and Part III of the form that describes the organization's activities/accomplishments only)

****If the organization's corporate name changed after the issuance of the IRS tax-exempt status letter, or it is using a different business name, please provide a Certificate of Amendment of Articles of Incorporation from the Secretary of State, fictitious business name filed with the County Clerk, or similar document(s) indicating the name change. In addition, if the address on the application does not match the address shown on the IRS tax-exempt status letter and Form 990, please provide an explanation by a signed letter.*

Additional requirements for CBOs offering Healthcare:

- ☐ Attach a list of the names and residential addresses of the board of directors, and description of how the board of directors is representative of the community it serves.
- ☐ Attach a description of the geographic community or neighborhood, community of identity, or community of interest to which services are provided.
- ☐ Yes ☐ No Is this organization located in a rural area? If yes please attach a description of that area.

In Section 6, please select the service that your organization offers to the community.

If you are an organization offering programs that are eligible for federal subsidies, please check which program, and respond yes or no if your organization is receiving the federal E-rate discount.

Section 6 – Non Profit Community-Based Organizations

Select the following eligible service that your organization provides, and complete additional steps:

<input type="checkbox"/> 2-1-1 Referral and Information Service*	<input type="checkbox"/> CBO offering programs eligible for federal subsidies:
<input type="checkbox"/> Educational Instruction	<input type="checkbox"/> Head Start
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Job Training	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Job Placement	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Community technology program offering access to and training in the Internet and other technologies	If you selected one above, are you receiving the federal E-rate discount? <input type="checkbox"/> Yes <input type="checkbox"/> No

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- ☐ Attach a list of the names and residential addresses of the board of directors, and description of how the board of directors is representative of the community it serves.
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- ☐ Yes ☐ No Is this organization located in a rural area? If yes please attach a description of that area

Enter your organization's Federal EIN. This is the 9-digit tax identification number on your organization's Form 990 or tax-exempt letter.
Sample Form 990 and Tax Exempt Letter.

Section 6 – Non Profit Community-Based Organizations

Select the following eligible service that your organization provides, and complete additional steps:

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<input type="checkbox"/> Community technology program offering access to and training in the Internet and other technologies	If you selected one above, are you receiving the federal E-rate discount? <input type="checkbox"/> Yes <input type="checkbox"/> No

Federal Employment Identification Number (EIN):

- Located on tax exempt letter and IRS Form 990

Must attach a copy of the following:

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- ☐ Brochure of the organization
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Additional requirements for CBOs offering Healthcare:

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- ☐ Attach a description of the geographic community or neighborhood, community of identity, or community of interest to which services are provided.
- ☐ Yes ☐ No Is this organization located in a rural area? If yes please attach a description of that area.

Attach a copy of your organization's mission statement.

Be sure that the mission-statement provides a clear understanding of how your organization offers one of the CTF-eligible activities.

Section 6 – Non Profit Community-Based Organizations

Select the following eligible service that your organization provides, and complete additional steps:

<input type="checkbox"/> 2-1-1 Referral and Information Service*	<input type="checkbox"/> CBO offering programs eligible for federal subsidies:
<input type="checkbox"/> Educational Instruction	<input type="checkbox"/> Head Start
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Federal Employment Identification Number (EIN):

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Must attach a copy of the following:

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- ☐ Attach a list of the names and residential addresses of the board of directors, and description of how the board of directors is representative of the community it serves.
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- ☐ Yes ☐ No Is this organization located in a rural area? If yes please attach a description of that area.

Attach a brochure of your organization.

This should provide a clear understanding of how your organization offers one of the CTF-eligible activities.

Section 6 – Non Profit Community-Based Organizations

Select the following eligible service that your organization provides, and complete additional steps:

<input type="checkbox"/> 2-1-1 Referral and Information Service*	<input type="checkbox"/> CBO offering programs eligible for federal subsidies:
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- ☐ Attach a description of the geographic community or neighborhood, community of identity, or community of interest to which services are provided.
- ☐ Yes ☐ No Is this organization located in a rural area? If yes please attach a description of that area.

Attach a copy of your organization's IRS Tax Exempt Letter.

501(c)(3) or 501(d) IRS tax-exempt status letter that is addressed to the organization.

Sample 501(c)(3) or 501(d) IRS tax-exempt status letter.

Section 6 – Non Profit Community-Based Organizations

Select the following eligible service that your organization provides, and complete additional steps:

<input type="checkbox"/> 2-1-1 Referral and Information Service*	<input type="checkbox"/> CBO offering programs eligible for federal subsidies:
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- ☐ Attach a description of the geographic community or neighborhood, community of identity, or community of interest to which services are provided.
- ☐ Yes ☐ No Is this organization located in a rural area? If yes please attach a description of that area.

Attach the first page of the most recently filed IRS Form 990 prepared for your organization and Part III of the form."

If Part III references another section of the IRS Form 990 for a description of your organization's activities, accomplishments, include that referenced section as well.

Sample 990 Form.

Voice Discount Options (Select Only One):

Voice Service at 25% discount

(Telephone service using landline or VoIP at 25% CTF discount)

Voice Service at 50% discount (Voice Exemption)

(Telephone service using landline only at 50% CTF discount. No discounts provided on any other services.)

For applicants that are located in unserved or underserved areas based on the California Public Utilities Commission's (CPUC's) Broadband Availability map, you may request a voice exemption. The voice exemption will allow your organization to receive a 50% CTF discount on eligible voice services instead of the reduced voice discount of 25%, if your organization is located in an unserved or underserved area and the only means of Internet access is through dial-up telephone service. If you are eligible for the Voice Exemption, **you will be ineligible for any discounts in all other services.** To apply for the Voice Services 50% discount option, please complete the Voice Exemption addendum form at the end of the CTF application.

Addendum

Application and Self-Certification Form for Exemption from Reduced Voice Services Support

(COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING VOICE AT 50% IN SECTION 8)

For applicants that are located in unserved or underserved areas based on the California Public Utilities Commission's (CPUC's) Broadband Availability map, you may request a voice exemption. The voice exemption will allow your organization to receive a 50% CTF discount on eligible voice services instead of the reduced voice discount of 25%, if your organization is located in an unserved or underserved area and the only means of Internet access is through dial-up telephone service.

Pursuant to the CPUC Decision 16-04-021 _____ [CTF applicant name], hereby certifies to the CPUC that it is eligible to receive an exemption from reduced voice services support.

I, _____ [printed name of officer and title] hereby certify under penalty of perjury under the laws of the State of California that _____ [CTF applicant name] located at _____ [physical address with zip code] is currently using voice services as its only means of Internet access.

I certify that the forgoing is true and correct and that any false statement or willful misstatement of facts will disqualify our organization from receiving an exemption from reduced voice services support.

I understand that our organization will be required to verify our continued eligibility for an exemption from reduced voice services support every three years and that failure to do will result in disqualification from this exemption.

I agree to notify the CPUC's CTF administrator within 30 days of any changes, in writing, that affect our organization's eligibility for exemption from reduced voice service support.

To support your request for the voice exemption, please provide copies of your most recent telephone bill and one monthly bill from the prior year. Please also provide a screen shot or printout of the CPUC's Broadband Availability map showing unserved or underserved status of your organization, which is based on your organization's physical address. For the CPUC's Broadband Availability map and instructions on determining unserved/underserved status, please refer to: [CTF Mapping Instructions](#) and [Broadband Map](#). Please be aware that once your voice exemption request is granted by the CPUC, you will receive CTF discounts on **only** your voice service. You will be ineligible to receive CTF discounts on any other CTF-eligible services until your voice exemption expires.

Signature of Officer

Date

Phone Number

Email Address

Section 8

Please indicate the category of service(s) that you plan to apply the CTF discounts.

Voice Service: Check only one category

☐ Voice Service (Telephone service using landline or VoIP @ 25% CTF discount)

☐ Voice Service Only (Telephone service using landline @ 50% CTF discount) Please complete Voice Exemption Addendum at the end of the application.

Non-voice Services: Check all applicable services (This section does not apply if you checked Voice Service Only in the preceding section.)

☐ Internet Access (Stationary)

☐ Wireless Internet Access*

*Data plans and air cards for mobile devices are eligible contingent on a demonstration of cost-effectiveness as directed in Decision 15-07-007.

Phase III of proceeding R.13-01-010 will consider further changes to the eligibility of wireless data plans as needed.

☐ Point to Point Data Service

Applicant is responsible for notifying the California Public Utilities Commission in writing within 30 days of any change to any of the above statements.

Section 9

I, (please print name and title) _____,

_____, declare under penalty of perjury under the laws of the State of California that I am authorized to act on behalf of the above-named institution, that the above statements are true and accurate to the best of my knowledge and belief, that the validity of such statements are subject to audit at any time by the State of California, and that the subscribed discounted communications services will not be sold, resold, leased, transferred, shared with any other non-qualifying entity or person, used for personal purpose, or used for purposes other than the intended goals of the California Teleconnect Fund to bridge the digital divide. **I also agree to notify the CPUC's Communications Division in writing within 30 days of any changes that affect our entity's eligibility for CTF support.**

Signature: _____ Date: _____

Phone Number

Email

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For CPUC use only:

Eligible for Voice Exemption?

Yes _____ No _____

Certification Application Complete:

Yes _____ No _____ Initials: _____ Date: _____

Once all relevant sections are completed, and all necessary documents have been attached, the application is ready to be sent to the CPUC at

**California Public Utilities Commission
Communications Division CTF Program
505 Van Ness Ave.
San Francisco, CA 94102**

You may also refer to the front page of the application for the address. Please note that the person who signed the form will be contacted if additional information is needed.

1. Once the application is received by the CPUC, you will receive an acknowledgement letter receipt via email. Any clarification needed on any particular item of your application will be communicated to you via email and you will have 30 days to respond. However, application without the required documents will be rejected immediately.
2. Keep a copy of your application and required documents for your records.
3. An approval letter will be sent to you via email. At that point you will be able to contact your service providers to inform them that your organization is now eligible to receive the CTF discounts. Please document all contacts made with your service provider.
4. You can have more than one service provider to obtain CTF discounts.

End of Tutorial